

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90096 030 ****61.25

DOCUMENT # N97000001601

1. Corporation Name

THE BARBADOS II AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER DR. SUITE 300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DR. SUITE 300
BONITA SPRINGS FL 34134



2. Principal Place of Business

21 730 Tarpon Cove Dr

2a. Mailing Address

26 P.O. Box 9709

3. Date Incorporated or Qualified

03/16/1997

4. FEI Number

59-3444600

Applied For

Not Applicable

City & State

23 Naples, FL

City & State

28 Naples, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 34110 25 US

29 34101 30 US

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
STE 300
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name Leo F. Williams
82 Street Address (P.O. Box Number is Not Acceptable)
709 103rd Ave N.
83
84 City Naples FL 85 Zip Code 34108

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOSCATO, ALBERT F JR.
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

DELETE

TITLE VD
NAME GOENAGA, ARMANDO
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

DELETE

TITLE DST
NAME EBENGER, MARY BETH
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Hacker, Frederick
1.3 STREET ADDRESS 740 Tarpon Cove Dr. #102
1.4 CITY-ST-ZIP Naples, FL 34110

Change Addition

2.1 TITLE VSD
2.2 NAME Hook, John
2.3 STREET ADDRESS 10512 Red Maple Lane
2.4 CITY-ST-ZIP Richmond, VA 23233

Change Addition

3.1 TITLE TD
3.2 NAME Moureau, Angela
3.3 STREET ADDRESS 730 Tarpon Cove Dr. #201
3.4 CITY-ST-ZIP Naples, FL 34110

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)